



The importance of local history for nurses: An Aboriginal Australian microhistory



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ARTICLE INFO

Article history:

Received 28 May 2020

Received in revised form

22 September 2020

Accepted 25 September 2020

Keywords:

Aboriginal
history
nursing
racism
empathy

ABSTRACT

Background: Historical trauma related to phenomena such as invasion, colonisation and racial oppression can have long lasting effects on the social and emotional wellbeing of communities.

Aim: This paper aims to show the importance of nurses increasing familiarity with the local history of communities they work in.

Methods: A microhistory approach is used to explore research conducted on the skull of Aboriginal Australian man, Cannabayagal, at the University of Edinburgh in the early nineteenth century. Initial data was gathered through a review of historical literature focussed on the Appin Massacre, and the early nineteenth-century psychological system known as Phrenology. Hand searches of local library collections at Camden, Campbelltown, and Liverpool, along with the archives of the State Library of NSW, and the State Records Authority of NSW, were accompanied by online searches using databases such as Psych Info, PubMed, and Google Scholar. Primary documents outlining the study of Cannabayagal's skull were accessed through online databases of Edinburgh University and the National Library of Scotland.

Findings: In 1816, as part of the Appin Massacre that took place in the south-west of colonial NSW, the head of Aboriginal Australian man Cannabayagal was cut off, sold, and then shipped to Edinburgh University in Scotland. There, Cannabayagal's skull was studied and written about in ways that reflected false science and supported racist ideology.

Discussion: The Appin Massacre is memorialised with a local Aboriginal Australian ceremony every year, and the accompanying historical trauma is still felt by the local community. Microhistories like the one presented in this paper hold the potential to increase nurses empathy for communities they work in and may improve nurses' abilities to critique and challenge current day abuses of scientific power and position.

Conclusion: Local community microhistories have the potential to inform nurses' delivery of trauma-sensitive, patient-focused interventions.

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Summary of Relevance

Problem or Issue

Nurses' who lack familiarity with the past are unlikely to be able to empathise with historical trauma experienced by communities they work in.

What is Already Known

Throughout history, popular conceptualisations of mental illness have been used to discriminate, segregate and support racist ideology in societies and in health services.

What this Paper Adds

Using an Aboriginal Australian microhistory, this paper shows nurses can improve empathy and understanding of the plight of oppressed groups by increasing familiarity with the past.

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1. Introduction

Nurses are familiar with the value of having conversations with patients about their life histories. Listening to individuals recall experiences from their past informs assessment, diagnosis, and the development of treatment plans. When nurses are employed within a health service for an extended length of time, it often becomes self-evident that learning about the history of the community they work in can improve their understanding of patients. If a nurse, for example, is aware that the community they work in has been through droughts, floods, or earthquakes in the past, then they will be in a better position to understand and empathise when patients share experiences of trauma associated with such natural disasters. Similarly, being familiar with local history is equally important for nurses who work with communities who have been historically subjected to racial or political oppression, such as Aboriginal Australians.

For more than 65,000 years before British invasion and subsequent colonisation, the Australian continent was home to over 250 nations of Aboriginal Australians who lived highly sustainable lifestyles with nuanced skills for reading the weather and their land, able to predict wet seasons and drought through close observation of animal patterns and bird sounds, which enabled them to plan with food stores. Custodians of eons of accumulated ecological expertise, Aboriginal Australians cultivated and used more than one hundred varieties of plants and undertook sustainable farming such as yam harvesting, involving purposeful exploitation of known beds that were replanted each year (Pascoe, 2018).

Concerning health, Aboriginal Australians had an external attribution belief system that understood mental health through the paradigm of social and emotional wellbeing (Toomey, 2007). They viewed mental ill-health as being related to imbalances between a person, their land, culture, and spirituality (Mehl-Madrona & Pennycook, 2009). Living in small communities and depending on one another for survival, they knew each other intimately, and researchers believe that their social and emotional wellbeing was much better than it became following British invasion and colonisation (Carey & McDermott, 2017; Sherwood, 2013). Aboriginal Australians experienced the trauma of colonial frontier wars, stolen land and stolen children (the stolen generations) along with systemic racism and discrimination, that excluded them from Australia's national constitution and from having the right to vote until 1967 (Stone, 2017).

In an effort to better prepare Registered Nurses to work with Aboriginal peoples, the Australian Nursing and Midwifery Accreditation Council (ANMAC) has mandated the teaching of Aboriginal Health and Cultural Safety in undergraduate nursing degrees (Australian Nursing & Midwifery Accreditation Council, 2019). This paper argues that, in spite of this, not enough Aboriginal historical literacy is included in nurse education. We contend that while familiarity with the macro (ancient) history of Australia is indispensable, nurses also need to familiarise themselves with the micro histories of local communities they work in.

This paper presents a microhistory that explores the life of an Aboriginal Australian man named Cannabayagal who was a victim of the Appin Massacre, which occurred in South West Sydney in 1816. Cannabayagal's head was cut off, sold and taken to Scotland, where it became a scientific artifact at the University of Edinburgh. The historical trauma wrought by the Appin Massacre and the maltreatment of Cannabayagal's remains has had substantial effects on the way health services and universities are perceived by Aboriginal communities who continue to live on ancestral lands in South West Sydney.

2. Background

Following invasion of New South Wales in 1788, and subsequent colonisation without any treaty, British colonists steadily grew in number and overtook Aboriginal Australian land. Meetings between colonists and Aboriginal people were initially peaceful, but tensions rose as increasing numbers of colonial farms were established alongside rivers and creeks, which had provided Aboriginal people with food and water for thousands of years (Dwyer, 1994).

Frustration with progressive land theft led Aboriginal Australian warriors such as Pemulwuy, Mosquito and Cannabayagal to fight back, raiding British farms and engaging in bloody battles against the colonists that would later become known as 'Frontier Wars'. While the devastating effects that British diseases had on Aboriginal Australians are widely known, historian Henry Reynolds has labelled the long-lasting Frontier Wars that took place between Aboriginal people and the British, as Australia's 'Forgotten War' (Reynolds, 2013). Battles across the frontier lasted more than 100 years, as colonists gradually overtook more and more Aboriginal Australian land. Modern-day historians continue to debate how many Aboriginal people were killed during the Frontier Wars. Current estimates suggest between 20,000–60,000 Aboriginal people died and between 2,000–5,000 colonists were killed (Rogers & Bain, 2016).

By 1801, the detrimental effects Frontier Wars were having on the progressive expansion of the British colony led Governor King to issue an order authorising colonists to shoot Aboriginal Australians on sight. Subsequent massacres by colonists became so widespread that the early 1800s are referred to by Aboriginal Australians as 'The Killing Times' (Connor, 2002).

Aboriginal Australians were not without British sympathisers, however. Colonists such as Dr. Charles Throsby, who had formed friendships with Aboriginal guides who helped him explore the Southern regions of NSW, protested against the killing of Aboriginal people (Liston, 1988). Early in 1816, Throsby wrote to Governor Macquarie, explaining that many Aboriginal raids were simply retaliation for brutal atrocities perpetrated by the British. One of his letters to the Governor included the following gruesome description of violence perpetrated by colonists:

Not content at shooting at them in the most treacherous manner in the dark, they actually cut the woman's arm off and stripped the scalp of her head over her eyes. On going up to them and finding one of the children only wounded, one of the fellows deliberately beat the infants' brains out with the butt of his musket, the whole of the bodies then left in that state by the party unburied (Throsby, 1816).

Despite such advocacy, Governor Macquarie was a seasoned military operative, who had seen uprisings against British colonies in Egypt and India. Based on such experiences he became convinced that if Aboriginal farm raids were allowed to continue they had potential to cause such damage to crops, cattle and sheep they may threaten the colony's food supply. In early 1816 therefore, Governor Macquarie decided to try and strike fear into Aboriginal Australians so they would desist from continued farm raids. He sent three armed detachments into western NSW in an attempt to push Aboriginal Australians inland, and secure the periphery of the colony. The soldiers received orders that:

They are to surrender to you as Prisoners of War. If they refuse to do so you will fire upon them and compel them to surrender. Such Natives as happen to be killed, if grown up men, are to be hanged up on trees in conspicuous situations, to strike the

survivors with the greatest terror. Any women or children killed are to be buried where they fell (Macquarie, 1816b).

Undeterred, Cannabayagal continued to lead farm raids along the Nepean River. Initially unsuccessful in attempts to find him, the British troops liaised with local farmers and received word regarding his location (Wallis, 1816).

On the 17th of April 1816, a detachment led by Captain James Wallis found Cannabayagal and his camp in a mountainous region of the upper Nepean river. Attacking in the evening, the British troops shot seven Aboriginal people, including Cannabayagal who fought hard, requiring five bullets to bring him down. A further seven Aboriginal people were forced to leap to death from a nearby cliff. As per Governor Macquarie's orders, following the battle, which would later become known as the 'Appin Massacre', Captain Wallis ordered Lieutenant Parker to hang three Aboriginal people's bodies from a nearby tree to serve as a warning against any further farm raids (Wallis, 1816). In the process of stringing up the bodies, the troops decapitated the heads of Cannabayagal and two other Aboriginal people, which along with surviving prisoners were brought back to Sydney.

Cutting off heads so that the NSW Government could inspect them and identify Aboriginal warriors who had been killed was a common method used to provide proof of death during the NSW Frontier Wars. On this occasion, the NSW Government paid thirty shillings and a gallon of rum for each head (Byrne, 1903). Cannabayagal's skull was given to young Scottish naval surgeon Dr. Patrick Hill who took it with him when he sailed back to Britain on board the *Willerby* in November 1816 (Hill, 1816). In the section that follows this paper presents how Cannabayagal's skull was studied and used to support false science and racist ideology.

3. Design

This microhistory was co-authored by two Aboriginal Australian academics and two non-Aboriginal mental health nurse practitioners who work with Aboriginal communities in South West Sydney. Traditionally used to challenge broad generalisations made by social scientists, microhistories seek to closely explore a small unit of the past, such as an event, an individual or a community and consider its meaning. In this paper, we followed the microhistory approach outlined by Magnússon and Szijártó (2013). Firstly, we engaged in an intensive investigation of a small historical occurrence, which was the phrenological study of Cannabayagal's head in the early nineteenth century. Secondly, we viewed the historical actors we studied as autonomous beings, capable of active choices within their social context. Thirdly, we sought links between the small past occurrence being examined, and large historical themes.

4. Method

Initial data were gathered through a review of historical literature. The literature search focussed on the Appin Massacre and Phrenology. Hand searches of local libraries in Sydney's south west including Campbelltown, Camden, and Liverpool, along with the State Library and the State Archives and Records Authority of NSW, were conducted. Online database searches included Psych Info, PubMed and Google Scholar. Primary documents archived in Scotland regarding studies of Cannabayagal's skull were accessed through the University of Edinburgh and the National Library of Scotland's online database.

5. Findings

Cannabayagal's head departed Sydney Cove in the luggage of British Naval Surgeon Patrick Hill, on Tuesday 12th November

Table 1
Gall's Twenty-Seven Faculties in Alphabetical Order.

Faculties shared with animals	Faculties unique to humans
1. Colour sense	1. Comparative sagacity
2. Cunning	2. Firmness, obstinacy
3. Desire to possess things	3. Goodness, moral reason, conscience
4. Foresight	4. Metaphysical spirit
5. Friendship or attachment	5. Mimicry
6. Instinct to kill	6. Poetic ability
7. The instinct for self-defence	7. Religious instinct
8. Love of offspring	8. Wit, joking
9. Mechanical sense	
10. Memory for things, educability	
11. Memory for persons or creatures	
12. Memory for words	
13. Pride	
14. Recognition of Numbers	
15. Sense of language	
16. Sense of musical tones	
17. Sense of place, spatial sense	
18. Sexual Instinct	
19. Vanity	

Note: Adapted from F.J.Gall "On the functions of the brain and of each of its parts: With observations on the possibility of determining the instincts, propensities, and talents, or the moral and intellectual dispositions of men and animals, by the configuration of the brain and head name of book", Copyright 1835 by Marsh, Capen, & Lyon Pub, Boston.

1816 (Macquarie, 1816a). Although there are no specific records describing how the head was stored during its voyage north, it is likely to have been defleshed and preserved in alcohol by Surgeon Hill. Dismembering Aboriginal bodies for scientific study was not uncommon in NSW at that time. Surgeons at Sydney Hospital had sought to procure an Aboriginal skull for study as early as 1790 (Clark, 1790) and NSW Aboriginal skulls and skeletons were sought after items in scientific collections across Europe as early as 1793 (Blumenbach, 1865). Following arrival in England, in 1817 Dr Hill travelled to his family home in Perth, Scotland. While there he visited Edinburgh, where he gave the skull to esteemed Scottish scientist Sir George Mackenzie who added it to his Phrenology collection (Mackenzie, 1820).

6. Phrenology

Phrenology was an early nineteenth-century psychological system (Spurzheim, 1815), which emerged from the work of Austrian Physician Franz Joseph Gall (1758–1828) (Gall, 1835). Interested in the study of human personality from a young age, Gall originally developed a theory named 'organology', which proposed that the bumps found in the skulls of humans developed in response to the form of each person's brain, which in turn reflected the content of their character. Studying and palpating hundreds of human and animal skulls over many years, Gall concluded that the brain consisted of twenty-seven discreet parts, which he referred to as 'organs'. Each organ then reflected twenty-seven character traits or 'faculties' (see Table 1). He believed nineteen faculties were shared by humans and animals, while eight could only be found in humans (Simpson, 2005).

Gall wrote about his theory in major European journals and formed a partnership with German physician Johann Spurzheim, who renamed the theory 'Phrenology'. Medical physicians, scientists and the public were enthralled by the new approach because mental healthcare had traditionally focused on religion and morality, but Phrenology emphasised biology and the brain as being key. Riding on a wave of fame, Gall and Spurzheim travelled across Europe, delivering entertaining public lectures promoting Phrenology often performing anatomical dissections in front of live audiences to widespread acclaim. When Spurzheim visited Edinburgh in 1816, his talks attracted many intellectuals, including

Sir George Mackenzie and George Combe (Cantor, 1975). In the years that followed, each of these men used Phrenology to study and write about Cannabayagal's skull. Their research will now be reviewed.

7. George Mackenzie's study of Cannabayagal's skull

Sir George Mackenzie was a well-respected Scottish scientist who had developed a career as a mineralogist based in Edinburgh (Mackenzie, 1811). In a profligate example of his family's wealth, one of Mackenzie's early scientific experiments involved using a collection of his mother's jewels to investigate the formation of steel by combining diamonds with iron. Findings from the experiment confirmed diamonds were primarily composed of carbon, establishing his scientific reputation (Hewins, 1893). He went on to produce several publications related to geology and agriculture before becoming interested in Phrenology.

In 1820, Mackenzie published a book entitled 'Illustrations of Phrenology With Engravings' (Mackenzie, 1820) which described phrenological concepts and published illustrations of skulls and head casts from his phrenological collection. In section three of his book, studies of eleven skulls are provided. The first is the skull of a French soldier from the Napoleonic wars, the second is that of Cannabayagal, and the third is a cast of the skull of famous Scottish King, Robert the Bruce. Then follows a series of skulls and casts of skulls belonging to famous European personalities, well known to Mackenzie's nineteenth century audience (Mackenzie, 1820).

Positioning Cannabayagal's skull second appears to have been purposeful. Writing about it immediately after the skull of a French soldier and just prior to a cast of the skull of 'Robert the Bruce' who had led Scotland in its first war of independence against Britain, enabled easy comparison and contrast of men whose characters Mackenzie generalised as 'warriors'. Examining Cannabayagal's skull Mackenzie (1820) used Phrenological theory to assert that Cannabayagal lacked the capacity for language. He wrote:

The sockets of the eyes are so deep, and so concave upwards that it may be presumed Carniebagle was not an adept in language (Page 234).

This suggestion exposes major flaws in Mackenzie's scientific reasoning. There is no record of him visiting NSW, or ever meeting a living Aboriginal person. In an apparent attempt to overcome his lack of familiarity with Aboriginal Australians and strengthen the credibility of his conclusions, as part of his book Mackenzie includes a letter from Surgeon Hill who had met Aboriginal Australians during his 1816 visit to NSW. However, while the letter provides a brief description of Cannabayagal and the circumstances of his death, it does not contain any direct reference to Phrenology. Instead, it describes Aboriginal Australian hunting and dietary practices observed during two weeks Surgeon Hill spent living with Aboriginal people in an area known as 'Five Islands', located in modern day Illawarra, NSW.

In contrast to Mackenzie's assertion that they lacked capacity for language, Aboriginal Australians' linguistic talent was well known and had been described previously by early colonial diarists such as Watkin Tench (Tench, 1789) and William Dawes (Dawes, 1790). They repeatedly observed Aboriginal Australians to be multilingual, enabling easy communication between neighbouring Aboriginal nations. In fact, in 1802 the naturalist George Caley had met Cannabayagal himself and observed him speaking in both Gandan-gara and Dharawal dialects (Caley, 1966).

Nonetheless, Phrenology promoted the idea that the shape of a person's skull could be used to make generalisations about the content of their personality and the characteristics of the race they were a member of. Studying the shape of Cannabayagal's

skull Mackenzie (1820) reasoned that in relation to Aboriginal Australians:

We should say that the knowing and reflecting faculties give little hope of their being capable of great improvement in knowledge (page 235).

This reflected a popularly held view among many British public that Aboriginal Australians were inherently intellectually and socially deficient, which for many served as a convenient intellectual justification for colonisation. Mackenzie's ethnocentric worldview led him to conclude that there was little hope for Aboriginal Australians, apart from what the British might impart to them. He concluded that:

Although therefore the progress of these people may be slow and although their reasoning powers are not such as to lead us to think that their lower propensities can be under perfect control, still, by working on love of approbation the sense of justice and veneration and by exciting the organ of attachment, by acts of kindness much may be done for these miserable beings (page 235).

Following the publication of his book in 1820, Mackenzie donated his collection of skulls to the Edinburgh Phrenological Society established by George Combe and his brother Andrew (1830). A description of George Combe's writing about Cannabayagal's skull is provided in the next section.

8. George Combe's Study of Cannabayagal's Skull

George Combe (1788-1858) was a Scottish barrister who became the foremost exponent of Phrenology in Britain (Jenkins, 2015). He was a prolific and influential writer on a diverse range of social issues including criminal justice, education and social welfare. Like Mackenzie, George and his brother Andrew, who was a physician to Queen Victoria, became interested in Phrenology after attending a talk and brain dissection conducted by Johann Spurzheim in Edinburgh in 1816. By 1820 the Combe brothers had established the Edinburgh Phrenological Society, which was the first of more than forty phrenological societies to open across Britain during the next decade (Tomlinson, 1997).

Following the example of Gall and Spurzheim (Spurzheim, 1815), the Combe brothers became enthusiastic about Phrenology's capacity to inform better practice in a variety of health and social institutions. They frequently visited gaols and asylums to study the shapes of skulls of people whose personality, they believed indicated brain imbalance. George quickly became famous for delivering charismatic public lectures and writing entertaining essays on phrenological topics (Tomlinson, 1997). Studying Cannabayagal's skull as part of the Edinburgh Phrenological Society collection, Combe drew several conclusions about Aboriginal Australians.

In one of his early books named, 'A system of Phrenology' (1830), Combe found similarities between Cannabayagal's skull and the shape of two other Aboriginal Australian Skulls in his collection. Referring to claims made in the diaries of Captain James Cook, that the Australian continent lacked any built structures, Combe asserts that among Aboriginal Australians:

Every talent for architecture and the constructive arts in general is defective while Ideality is so small that sentiments of refinement or elegance will scarcely be at all experienced. The most unaccustomed eye will perceive how this skull and that of the Charib fall short of the European in the organs of Reflection, Ideality and Constructiveness. (Combe, 1830)

Similar to Mackenzie, Combe played to his audience by supporting popular British imperialist ideas. Supporting previous conclusions about the deficient intellect of Aboriginal Australians, Combe wrote that:

The New Holland skull rises a little above the Carib (Native American) but indicates a lamentable deficiency in the regions of intellectual and moral organs. The organs of Number, Constructiveness, Reflection and Ideality are particularly deficient while those of the animal propensities are fully developed (Combe, 1830)

As Britain's most influential phrenologist, Combe buttressed his assertions about Aboriginal Australians by stating that his opinions would receive wide support from other phrenologists. He wrote:

If these skulls were put in the hands of a phrenologist to state the dispositions which they indicate, he would say that there ought to be considerable energy and determination but extreme ignorance, rudeness and grovelling lowness of character (Combe, 1830)

These ideas had a huge influence in shaping popularly held views about Aboriginal Australians in Britain, Europe, and North America. In 1828, Combe published a book on Phrenology titled 'The Constitution of Man in Comparison to External Objects' (Combe, 1828). 'Constitution,' as it became colloquially known, ended up being reprinted eight times and sold over 350,000 copies, becoming one of the most widely read books of the nineteenth century (Jenkins, 2015). By the time the North American edition was published in 1835, the idea that Aboriginal Australians were deficient was so widely accepted by Combe's audience that he no longer needed to explain it. Instead, he simply asserted that:

Every phrenologist knows that the brains of the New Hollanders, Caribs and other savage tribes are distinguished by great deficiencies in the moral and intellectual organs (Combe, 1835).

In the decades that followed Combe and Mackenzie's study of Cannabayagal's skull, mental health researchers continued to play to their audience, by supporting dominant social views about Aboriginal Australians. In the late nineteenth and early twentieth century, racism in Australia was supported by theories such as Social Darwinism and Eugenics, which built on ideas from Phrenology (Best & Gorman, 2016; Claeys, 2000; Hiltz, 1982).

9. Discussion

When the Phrenological study of Cannabayagal's skull is considered, it is important for modern readers to keep in mind that not everything about the theory of Phrenology was negative. In fact, many modern-day mental health experts view Phrenology as having made important contributions to the ongoing development of neuroscience and psychology.

With reference to neuroscience, Phrenology is regarded as having been one of the earliest approaches to draw attention to the idea that different regions of the brain can be associated with particular functions. It was for example, during an attempt to disprove Phrenology, that neuroanatomist Paul Broca (1824-1880) discovered the region of the brain responsible for language. Ironically, he found it in the same position Franz Joseph Gall had predicted it would be (Brown & Chobor, 1992). Phrenological theory, therefore, produced useful knowledge and questions that ended up contributing to the development of modern-day neuroscience.

In relation to psychology, one of Phrenology made a positive contribution by providing a way for middle class working people to engage in conversation about mental health that did not require reference to religion or morality. Instead they could

theorise about the shape of people's skulls and brains, as potential biological drivers of character. By the late 1830s, Phrenology became big business, with thousands of people setting up shop as 'Phrenologists', all over Europe and North America (Simpson, 2005). During consults, Phrenologists would palpate people's heads, conduct assessments, and make suggestions about character traits. Like modern psychologists, they became involved in testing couples for compatibility, screened job applicants for employment, and wrote popular books referring to Phrenological concepts. The popularity of Phrenology among common folk led to longstanding terms in colloquial English such as "highbrow", "lowbrow", "well rounded" and "shrink". (Marshall & Gurd, 1994).

Writing about Cannabayagal's skull and other artifacts held by the Edinburgh Phrenological Society was therefore, as much about business as it was about science. There can be little doubt that Mackenzie's and Combe's books were heavily influenced by what they thought their audience wanted to hear, and each man's ability to publish their writing was only made possible by their aristocratic wealth. Tragically, their willingness to use their position and intellectual credibility to promote racist ideology had profoundly negative consequences (Bank, 1996). In far-flung colonies of the British Empire, such as NSW, their writings were used to solidify scientific racism that would support oppression and ongoing trauma experienced by Aboriginal Australians (Turnbull, 2007).

Alongside the microhistory reviewed in this paper, many other examples from Australia's past illustrate the importance of nurses gaining familiarity with the history of communities they work in. It is vital for example, to be sensitive to the fact that until midway through the twentieth century, it was common for nurses to work in and support segregated care for Aboriginal Australians when they sought help at local hospitals (Best & Fredericks, 2017; Forsyth, 2007). In many communities, nurses and midwives were also enthusiastic agents of government policy who removed Aboriginal children from their parents at birth (Australian Government, 1997). During the early twentieth century, nurses staffed institutions known as 'Lock Hospitals' which were set up on the contested basis that sexually transmitted diseases (STDs) were rampant in Aboriginal communities (Hunter, 1991). Invariably located in remote locations, such as Dorre and Bernier Islands in Western Australia (Jebb, 1984) or Fantome Island in Queensland (Parsons, 2008), Lock Hospitals institutionalised hundreds of Aboriginal people who were forcibly removed from their lands for 'treatment' of STD's and coercively treated as guinea pigs in scientific experiments testing poisonous chemicals such as arsenic.

When Western Australia closed its Lock Hospitals in 1919, 365 Aboriginal Australians had been forcibly admitted and 162 had died while inpatients (Hunter, 1991). In Queensland, bacteriological testing was used for clinical diagnosis of STDs in the general community from the 1930s, but such testing was not often available for Aboriginal people. In 1942 when Fantome Island Lock hospital finally closed, 192 of its patients were reviewed and to doctors surprise, 75% of patients showed no sign of ever having had STD's (Parsons, 2008). The trauma caused by Lock Hospitals, and the reality that they were more about political control and land theft than delivery of healthcare, damaged perceptions of government provided healthcare in many Aboriginal Australian communities.

In the modern era, trauma is often conceptualised as an individualised experience of interpersonal violence such as physical abuse, sexual abuse, severe neglect, loss, witnessing crime or experiencing natural disasters. Health services commonly adopt approaches referred to as 'trauma informed care' which promote ideals such as, acknowledging the prevalence of trauma and its impacts, minimising re-traumatisation within services, and challenging biomedical approaches that assign diagnosis and treatment without addressing underlying trauma. However, trauma informed care has largely been framed as a way to better meet the needs of individuals, with

little attention given to the communal effects of historical trauma (Kezelman and Stavropoulos, 2019; O'Neill, Fraser, Kitchenham, & McDonald, 2018).

Historical trauma is a term used to refer to past events that leave a long-lasting impression on whole communities (Kirmayer, Gone, & Moses, 2014). Three main components commonly characterise historical trauma. Firstly, it is widespread in nature. Secondly, its traumatic events lead to collective suffering. Thirdly, it is perpetrated with malicious intent (O'Neill et al., 2018). Historical trauma has been observed to impact group dynamics within families, communities, and nations. Families for example, may be effected through exposure to high levels of fear and anxiety related to historical events that reveal society to be unsafe. Attitudes of communities may be impacted through the loss of social networks and cultural idioms related to health. The suppression of family and communities may threaten the continuity of whole people groups within nations (Kirmayer et al., 2014).

In the latter half of the twentieth century, growing dissatisfaction with the systemic oppression of Aboriginal Australians led to increased awareness of the Appin Massacre and the continued storage of Cannabayagal's head at the University of Edinburgh in Scotland. Political pressure during the 1980s finally led to agreement by the University of Edinburgh to repatriate the skull to Australia in 1991. Sadly however, Cannabayagal has not yet completed his journey home to rest on his land with his people. His much-studied skull remains in the archival vaults of the Australian National Museum in Canberra (Hollis, 2016).

In memory of Cannabayagal and his people, every year on the 17th of April, a group of Aboriginal people, interested citizens and health workers gather in a park at Cataract Dam in South West NSW to remember the Appin Massacre of 1816 (Hollis, 2016). Historical trauma including land theft, frontier violence, racism, and the ongoing cycle of oppression experienced by modern day Aboriginal Australians are acknowledged. By participating in such commemoration, health workers express solidarity and learn about the experience of their local community, as the bravery of Cannabayagal and his people is remembered.

10. Conclusion

Modern health services generally seek to implement practices based on science. However, scientific knowledge is rarely objective and can be heavily skewed by social viewpoints and biased data from past studies. The microhistory reviewed in this paper highlights the power and influence of institutions, such as universities, in relation to what research questions get asked, how studies are conducted, and what conclusions are drawn. By reflecting on the influence that Mackenzie's (1820) and Combe's (1830) research had despite its flawed scientific method and racist ideology, nurses may be able to guard against being misled by distortions in modern day science. It behoves nurses to consider how mental health research and practice from the past has impacted current day understandings and the questions we ask in the present.

11. Relevance to Clinical Practice

As revealed by the ongoing cycle of dispossession, demoralisation, and poor health experienced by many Aboriginal Australian communities, the effects of historical trauma are not 'one-off' single incidents, nor are they purely the product of interpersonal processes. Rather, historical trauma tends to manifest in the multi-layered social and emotional environments of modern society. By taking an interest in the microhistories of local communities, nurses can learn how the past contributes to current day experiences of people they work with. The Australian Nursing and Midwifery

Accreditation Council (ANMAC) mandates Aboriginal health and cultural safety in its standards (Australian Nursing & Midwifery Accreditation Council, 2019). To be culturally safe practitioners therefore, nurses need to be historically literate. This microhistory has demonstrated the efficacy of being historically literate, the undeniable potential influence historical trauma can have on individuals, families and communities, and the need for nurses to understand and navigate this space.

Greater awareness of historical trauma, such as that experienced by Aboriginal Australians, may position nurses to develop trauma-informed approaches that not only assist individuals, but entire communities. Such approaches have the potential to enable nurses to better serve Aboriginal Australians and other oppressed communities, as they seek to overcome ongoing challenges such as racism and discrimination in the modern world.

Ethical statement

No ethics approval was required, however as per Aboriginal research guidelines, this paper was co-produced with two Aboriginal authors.

CRediT authorship contribution statement

With reference to authorship, the first author conducted the primary research and wrote the initial draft. The second author is a mental health nurse who works with the Aboriginal community concerned and the third and fourth authors are Aboriginal academics based in South West Sydney. Each author contributed by verifying the historical research and providing contextualisation and analysis.

Conflict of interest

None.

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